

DIABETES

LITERATURE INDEX

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES

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DIABETES LITERATURE INDEX

(By Authors, Hierarchy, and by Keywords in the Title)

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Order of Arrangement

Arrangement of hierarchy
MEDLARS terms included in hierarchy
Hierarchical Subject Index
Keyword Index
Author Index

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PREFACE

Diabetes Literature Index is a publication of the National Institute of Arthritis, Metabolism, and Digestive Diseases which has been prepared from MEDLARS (Medical Literature Analysis and Retrieval System) tapes furnished by the National Library of Medicine. This specialized information medium is being published to fill an existing great need in the field of diabetes and to assist the Institute in meeting its obligations to foster and support laboratory and clinical research into the nature, causes, and therapy for diabetes. Publication of *Diabetes Literature Index* makes available an index of all current scientific papers relevant to this field from the world literature.

It is hoped that the issuing of *Diabetes Literature Index* under the auspices of the National Institute of Arthritis, Metabolism, and Digestive Diseases will provide a much needed current awareness tool to scientists and will facilitate greater integration of research and clinical efforts in this field. *Diabetes Literature Index* has been published monthly since January 1966 and is cumulated at the end of each calendar year.

This publication is available free to National Institutes of Health grantees and contractors working in the field of diabetes, and libraries of medical schools. Requests from these *qualified* individuals to receive free copies of this publication must include their grant or contract number and the title of their project. These requests as well as address changes and other communications from these qualified recipients of free copies should be addressed to:

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Diabetes Literature Index
National Institute of Arthritis,
Metabolism, and Digestive Diseases
Building 31, Room 9A-03
Bethesda, Maryland 20014

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The Secretary of the Department of Health, Education, and Welfare has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through April 30, 1975.

EDITORIAL NOTE

Diabetes Literature Index, a publication of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD), was brought about through the cooperative efforts of two divisions of the National Institutes of Health (NIAMDD and the National Library of Medicine), a professional society (American Diabetes Association), three Universities (University of Minnesota, University of Rochester, and Case Western Reserve University) as well as a number of individual scientists. In this rather unique cooperative project, initiated in 1958, duplication of effort has been reduced to a minimum. The digital information generated from the original input of bibliographic citations to the National Library of Medicine's MEDLARS system is processed by computer in several different ways and ultimately used to compose the final printed pages of this *Diabetes Literature Index*.

Each month the MEDLARS magnetic tape furnished by the National Library of Medicine (NLM) is used for identification of the diabetes related literature. All bibliographic citations classified under subject headings which we have designated as Priority I, represent articles that are 100% diabetes-related; they are automatically copied onto a new magnetic tape and constitute over seventy percent of the citations appearing in this index. The citations appearing under Priority II and III are subject headings which include both diabetes-related and unrelated articles; these are printed on cards by the computer. The diabetes related citations are identified manually and the corresponding digital information is added to the next month's Priority I magnetic tape.

In the selection of this bibliography, diabetes-related literature has been defined in a rather arbitrary but broad, comprehensive manner with a view toward providing the widest possible coverage of related areas. To this end the following subjects have been included: the Islets of Langerhans in the pancreas, including their structure and pathologic alterations; insulin, its properties, assay, synthesis, release or degradation; the direct and indirect effects of insulin on target organs; blood glucose level, hyper- and hypo-glycemia; insulin antibodies and insulin resistance; insulin allergy; recent developments in intermediary metabolism; experimental and clinical as-

pects of diabetes, signs, symptoms, diagnosis, treatment, complications, and associated conditions. Also included are other hormones and agents whose effects are similar, opposite, synergistic or antagonistic to insulin, either in their primary or secondary effects on target organs. It should be noted that there are undoubtedly some omissions due to the empirical definition of the diabetes-related literature which was adopted and also to the difficulties attendant in preparing such a large-scale bibliography by machine.

The *Diabetes Literature Index* is published in three formats: a hierarchical subject index, a key word in title index, and an author index. The magnetic tape version of these indexes, prepared at the University of Minnesota, is used to generate the copy for offset printing by the Government Printing Office on their Linotron.

Hierarchical Subject Index: This index differs from *Index Medicus* in that related terms are grouped together in a hierarchical relationship. Thus, all citations which are indexed under blood sugar, glucose tolerance, hyperglycemia, hypoglycemia, and glycosuria are grouped under the general heading "blood sugar, urine sugar and related topics." In both the *Diabetes Key Word Index* and in *Index Medicus* these terms are arranged alphabetically, and the corresponding citations are distributed at many different page locations. In some instances where only a few citations appear under several similar subject headings, these are grouped together under a more generic term; at times, a new non-MEDLARS index term is created to cover these groupings of subject headings. In some instances where many citations appear under a single subject heading, these are subdivided by using subheadings.

Although the hierarchical subject index is, in a sense, a miniaturized version of *Index Medicus* (dealing with the core diabetes literature) it provides a much greater depth of indexing. Many relevant citations included in the *Diabetes Literature Index* do not appear under the corresponding subject headings in *Index Medicus*; because of space limitations, only two or three of the ten or more index terms included on the MEDLARS magnetic tape are used in the printed version of *Index Medicus*. At times the reason why a given citation appears under a specific subject

heading may not be apparent from the article title. However, examination of the list of index terms for this citation (included in the Author Index under the principal author) will give the basis for this inclusion.

Beginning with the January 1971 issue, two sections are included in the Hierarchical Subject Index. In *Section 1*, "Diabetes Mellitus and Related Topics," the major subdivisions include the MEDLARS terms: Islets of Langerhans, Pancreas, Insulin, Glucagon, Blood and Urine Sugar; the subsection on "Diabetes," (Section 1.F) is extensively subdivided and many subheadings are used. In *Section 2*, "Endocrinology" is divided into subsections dealing with the individual endocrine glands. Hierarchical subject indexes related to Biochemistry and the organ systems (included in the experimental issues, published in February and March, 1969) are not included at this time; terms related to these subjects are, however, included in the Keyword Index.

A list of the subject headings included in the tree structure of the hierarchy (with their corresponding index numbers) and an alphabetic cross index of these subject headings is printed immediately preceding the Hierarchical Subject Index.

Key Word Index: For all of the diabetes-related literature chosen, key words in the title are identified by the computer and an expanded magnetic tape is prepared, listing the complete bibliographic citation under each key word. Most editorial decisions are made by the computer-disk-look-up-program using a master list of terms. Trivial words are deleted and specific word combinations are also selected. Abbreviations and word variant forms are replaced by the more commonly used key word. Inconsistencies between the British and American spellings are eliminated. In no case, however, is a change made within

the title itself. Words which have not appeared previously in the system are identified by the computer program and flagged for human decision.

With the publication of the hierarchical subject index, the key word index has been shortened. Diabetes is not included as a term in the key word index as it is covered in great detail in the hierarchical subject index. Although users may find the hierarchical subject index more useful for coverage of their broad interests, the key word index is advantageous in locating citations dealing with very specific terms—for example those relating to biochemistry or the organ systems. The key word index is of special value in locating citations dealing with the frontiers of diabetes research, for new terms appearing in the title are immediately included in the key word index.

Author Index: Because of space limitations, the printed version of *Index Medicus* excludes all but the first three authors in multiple author publications. However since the last author is often the best known, this name may be the most useful for reference or retrieval; therefore, all authors are included in the Diabetes Literature Author Index. These are automatically identified by the computer program and an alphabetized magnetic tape is prepared in which the complete bibliographic citation is included under each author. In addition, all of the index terms used by the NLM for each citation are listed under the principal author, thus providing an overview of the subject content of the article.

Users planning to systematically cover all articles appearing in a given month may do so by scanning the author index, limiting their perusal to the principal author, i.e., those citations which contain the MEDLARS index terms.

Arrangement of the Hierarchical Index

I	SECTION 1. DIABETES MELLITUS AND RELATED TOPICS	I.E.3.5	HYPERGLYCEMIA, DRUG THERAPY
I.A	ISLANDS OF LANGERHANS	I.E.3.6	HYPERGLYCEMIA, ETIOLOGY
I.A.1	ISLANDS OF LANGERHANS, ANATOMY RELATED	I.E.3.7	HYPERGLYCEMIA, METABOLISM
I.A.2	ISLANDS OF LANGERHANS, BIOCHEMISTRY RELATED	I.E.3.8	HYPERGLYCEMIA, PHYSIOPATHOLOGY
I.A.3	ISLANDS OF LANGERHANS, PHYSIOLOGY RELATED	I.E.3.9	HYPERGLYCEMIA, URINE
I.A.4	ISLANDS OF LANGERHANS, PHARMACOLOGY RELATED	I.E.4	GLYCOSURIA
I.A.5	ISLANDS OF LANGERHANS, PATHOLOGY RELATED	I.E.4.1	GLYCOSURIA, CHEMICALLY INDUCED
I.B	PANCREAS	I.E.4.2	GLYCOSURIA, COMPLICATIONS
I.B.1	PANCREAS, ANATOMY RELATED	I.E.4.3	GLYCOSURIA, DIAGNOSIS
I.B.2	PANCREAS, BIOCHEMISTRY RELATED	I.E.4.4	GLYCOSURIA, DRUG THERAPY
I.B.3	PANCREAS, PHYSIOLOGY RELATED	I.E.4.5	GLYCOSURIA, ENZYMOLOGY
I.B.4	PANCREAS, PHARMACOLOGY RELATED	I.E.4.6	GLYCOSURIA, ETIOLOGY
I.B.5	PANCREAS, PATHOLOGY RELATED	I.E.4.7	GLYCOSURIA, METABOLISM
I.B.6	PANCREAS, SURGERY RELATED	I.E.4.8	GLYCOSURIA, OCCURRENCE
I.B.6.1	PANCREAS, TRANSPLANTATION	I.E.5	GLYCOSURIA, RENAL
I.B.6.2	PANCREATECTOMY	I.E.6	HYPOGLYCEMIA
I.C	INSULIN	I.E.6.1	HYPOGLYCEMIA, BLOOD
I.C.1	INSULIN, BIOCHEMISTRY RELATED	I.E.6.2	HYPOGLYCEMIA, CHEMICALLY INDUCED
I.C.1.1	INSULIN, ISOLATION AND PURIFICATION	I.E.6.3	HYPOGLYCEMIA, COMPLICATIONS
I.C.1.2	INSULIN, ANALYSIS	I.E.6.4	HYPOGLYCEMIA, DIAGNOSIS
I.C.1.3	INSULIN, CHEMICAL SYNTHESIS	I.E.6.5	HYPOGLYCEMIA, DRUG THERAPY
I.C.1.4	INSULIN, BIOSYNTHESIS	I.E.6.6	HYPOGLYCEMIA, ETIOLOGY
I.C.1.5	INSULIN, METABOLISM	I.E.6.7	HYPOGLYCEMIA, METABOLISM
I.C.1.6	INSULIN, BLOOD	I.E.6.8	HYPOGLYCEMIA, PHYSIOPATHOLOGY
I.C.1.7	INSULIN, URINE	I.E.6.9	HYPOGLYCEMIA, THERAPY
I.C.2	INSULIN, PHYSIOLOGY RELATED	I.F	DIABETES
I.C.2.1	INSULIN, PHYSIOLOGY	I.F.1	ALLOXAN DIABETES (SEE SEC. I.F.10.2)
I.C.2.2	INSULIN, SECRETION	I.F.2	DIABETES MELLITUS
I.C.3	INSULIN, PHARMACOLOGY RELATED	I.F.2.1	DIABETES MELLITUS, JUVENILE
I.C.3.1	INSULIN, PHARMACODYNAMICS	I.F.3	DIABETES, BIOCHEMISTRY RELATED
I.C.3.2	INSULIN, ANTAGONISTS AND INHIBITORS	I.F.3.1	DIABETES, METABOLISM
I.C.3.3	INSULIN, ADVERSE EFFECTS	I.F.3.2	DIABETES, ENZYMOLOGY
I.C.4	HYPERINSULINISM	I.F.3.3	DIABETES, BLOOD
I.C.4.1	INSULIN COMA	I.F.3.4	DIABETES, URINE
I.C.5	INSULIN ANTIBODIES	I.F.4	DIABETES, PHYSIOPATHOLOGY
I.C.6	INSULIN RESISTANCE	I.F.5	DIABETES, IMMUNOLOGY
I.C.7	INSULIN, THERAPY RELATED	I.F.6	DIABETES COMPLICATIONS AND PATHOLOGY
I.C.7.1	INSULIN, DIAGNOSTIC USE	I.F.6.1	DIABETIC KETOACIDOSIS
I.C.7.2	INSULIN ADMINISTRATION AND DOSAGE (SEE I.F.9.3.1)	I.F.6.1.1	ACIDOSIS, DIABETIC
I.C.7.3	INSULIN, THERAPEUTIC USE (SEE I.F.9.3.2)	I.F.6.1.2	DIABETIC COMA
I.C.8	INSULIN, HISTORY	I.F.6.2	DIABETIC ANGIOPATHIES
I.D	GLUCAGON	I.F.6.3	DIABETIC NEPHROPATHIES
I.D.1	GLUCAGON, BIOCHEMISTRY RELATED	I.F.6.4	DIABETIC NEUROPATHIES
I.D.1.1	GLUCAGON, ANALYSIS	I.F.6.5	DIABETIC RETINOPATHY
I.D.1.2	GLUCAGON, METABOLISM	I.F.6.6	OTHER COMPLICATIONS OF DIABETES
I.D.1.3	GLUCAGON, BLOOD	I.F.6.7	DIABETES PATHOLOGY
I.D.2	GLUCAGON, PHYSIOLOGY RELATED	I.F.6.8	PREGNANCY IN DIABETES
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I.D.3	GLUCAGON, PHARMACOLOGY RELATED	I.F.7.2	DIABETES, ETIOLOGY
I.D.3.1	GLUCAGON, ADMINISTRATION AND DOSAGE	I.F.7.3	DIABETES, CONGENITAL
I.D.3.2	GLUCAGON, PHARMACODYNAMICS	I.F.7.4	DIABETES, FAMILIAL AND GENETIC
I.D.3.3	GLUCAGON, TOXICITY	I.F.7.5	PREDIABETIC STATE
I.D.4	GLUCAGON, THERAPY RELATED	I.F.8	DIABETES, DIAGNOSIS RELATED
I.D.4.1	GLUCAGON, DIAGNOSTIC USE	I.F.8.1	GLUCOSE TOLERANCE TEST (SEE SEC. I.E.2)
I.D.4.2	GLUCAGON, THERAPEUTIC USE	I.F.8.2	DIABETES, DIAGNOSIS
I.E	BLOOD SUGAR, URINE SUGAR AND RELATED TOPICS	I.F.9	DIABETES, THERAPY RELATED
I.E.1	BLOOD SUGAR	I.F.9.1	DIABETES, PREVENTION AND CONTROL
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I.E.1.4	BLOOD SUGAR, PHARMACODYNAMICS	I.F.9.2.3	DIET
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I.E.3.1	HYPERGLYCEMIA, BLOOD	I.F.9.2.6	DIETARY FATS
I.E.3.2	HYPERGLYCEMIA, CHEMICALLY INDUCED	I.F.9.2.7	CYCLAMATES
I.E.3.3	HYPERGLYCEMIA, COMPLICATIONS	I.F.9.2.8	SACCHARIN
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Arrangement of the Hierarchical Index

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1.F.9.4	DIABETES, ANTIDIABETICS AND THERAPY	2.C.1	THYROID HORMONES
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2.B.2	ADRENAL CORTEX HORMONES	2.G.2.1	GASTROINTESTINAL HORMONES
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2.B.4	ADRENALECTOMY	2.G.6	SECRETORY RATE

MEDLARS Terms Included in Hierarchical Index

ACETOHEXAMIDE
ACIDOSIS
ACIDOSIS, DIABETIC
ACROMEGALY
ADDISON'S DISEASE
ADRENAL CORTX HORMONES
ADRENAL GLAND HYPERFUNCTION
ADRENAL GLAND HYPOFUNCTION
ADRENAL GLANDS
ADRENAL MEDULLA
ADRENALECTOMY
ADRENOGENITAL SYNDROME

ALDOSTERONE
ALLOXAN DIABETES
BLOOD
DRUG THERAPY
ENZYMOLGY
METABOLISM
PATHOLOGY
PHYSIOPATHOLOGY

AMNIOCENTESIS
ANABOLIC STEROIDS
ANDROGENS
ANDROSTERONE

ANTIDIABETICS
APGAR SCORE
ARTERIOSCLEROSIS
BETAMETHASONE
BIGUANIDES
BLOOD SUGAR
ANALYSIS
BIOSYNTHESIS
METABOLISM
PHARMACODYNAMICS

CALCITONIN
 CARBUTAMIDE
 CHLORMADINONE
 CHLOROTRIANSENE
 CHLORPROPAMIDE
 CHOLECYSTOKININ
 CHOLESTEROL, DIETARY
 CHROMAFFIN SYSTEM
 CONTRACEPTIVES, ORAL
 CORONARY DISEASE
 CORPUS LUTEUM
 CORPUS LUTEUM HORMONES
 CORTICOSTERONE
 CORTICOTROPIN
 CORTICOTROPIN RELEASING HORMONE
 CORTISONE
 CRETINISM
 CUSHINGS SYNDROME
 CYCLAMATES
 CYTOCHALASIN B
 CYTOCHALASINS
 DEHYDROEPIANDROSTERONE

DESOXYCORTICOSTERONE
DEXAMETHASONE
DIABETES INSIPIDUS
DIABETES MELLITUS
BLOOD
CHEMICALLY INDUCED
COMPLICATIONS
CONGENITAL
DIAGNOSIS
DRUG THERAPY
ENZYMOLGY
ETIOLOGY
FAMILIAL & GENETIC
HISTORY
IMMUNOLOGY
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MORTALITY
OCCURRENCE

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- 1 F 61.1 ACIDOSIS, DIABETIC
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- 2 B 2 ADRENAL CORTEX HORMONES
- 2 B 5 ADRENAL DISORDERS
- 2 B 5 ADRENAL DISORDERS
- 2 B 5 ADRENAL DISORDERS
- 2 B 3 ADRENAL GLANDS
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- 1 F 10.2.5 ALLOXAN DIABETES, PATHOLOGY
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- 2 F 3.1 ANDROGENS
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- 1 F 6.2 DIABETIC ANGIOPATHIES
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- 1 E 1.1 BLOOD SUGAR, ANALYSIS
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 2.C.2 THYROID ANTAGONISTS
 2.C.2 THYROID ANTAGONISTS
 2.C.2 THYROID ANTAGONISTS
 2.C.2 THYROID ANTAGONISTS
 2.C.3 THYROID DISORDERS
 2.C THYROID GLAND
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 1.F.9.4.3 OTHER SULFONYL-UREA DERIVATIVES
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 2.B.5 ADRENAL DISORDERS



SECTION 1. DIABETES MELLITUS AND RELATED TOPICS

1.A ISLANDS OF LANGERHANS

1.A.1 ISLANDS OF LANGERHANS, ANATOMY RELATED

EMIOCYTOSIS OF B GRANULES FROM SAURIAN PANCREATIC ISLETS PERFUSED IN VITRO. Rhoten WB *Am J Anat* 138:481-97, Dec 73 (Eng)

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- [CURRENT CONCEPTS OF INSULIN RESISTANCE AND CAUSES OF ITS DEVELOPMENT]** Liaschko K, Dreval' AV *Ter Arkh* 45:9-15, Sep 73 (Rus) [75]
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- ENLARGEMENT OF EPIDIDYMAL ADIPOCYTES IN RELATION TO HYPERINSULINEMIA IN OBSE HYPERGLYCEMIC MICE (OB-OB).** Joosten HF, Kroon PH van der *Metabolism* 23:59-66, Jan 74 (Eng)
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- ### 1.C.5 INSULIN ANTIBODIES
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1.C.8 INSULIN, HISTORY

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1.D.2.1 GLUCAGON, PHYSIOLOGY

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1.D.3.3 GLUCAGON, TOXICITY

1.D.4 GLUCAGON, THERAPY RELATED

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1.E.1 BLOOD SUGAR

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ADRENAL CORTEX HORMONES (therapeutic use); ADRENERGIC ALPHA RECEPTOR BLOCKADERS (therapeutic use); AUTOIMMUNE DISEASES; BLOOD PRESSURE; CARDIAC GLYCOSIDES (therapeutic use); DISSEMINATED INTRAVASCULAR COAGULATION (complications); DOPAMINE (therapeutic use); EPINEPHRINE (therapeutic use); GLUCAGON (therapeutic use); ISOPROTERENOL (therapeutic use); MEPPHENTERMINE (therapeutic use); METARAMINOL (therapeutic use); METHOXAMINE (therapeutic use); MICROCIRCULATION (physiopathology); NOREPINEPHRINE (therapeutic use); SHOCK (drug therapy, etiology, immunology, physiopathology, therapy); SYMPATHOMIMETICS (therapeutic use); VASCULAR RESISTANCE; VENOUS INSUFFICIENCY (complications).

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PLASMA GLUCAGON IN OBESITY. RESPONSE TO ARGININE, GLUCOSE AND PROTEIN ADMINISTRATION. Kalkhoff RK, Gossain VV, Matute ML *N Engl J Med* 289:465-7, 30 Aug 73 (Eng)

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[SURGICAL THERAPY OF PERFORATING ULCERS IN DIABETICS (AUTHORS TRANSL.)] Graher W, Hafliger M, Krebs A *Dermatologica* 147:64-70, 1973 (Ger)
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THE RAPID CHANGES OF HEPATIC GLYCOLYTIC ENZYMES AND FRUCTOSE-1,6-DIPHOSPHATASE ACTIVITIES AFTER INTRAVENOUS GLUCAGON IN HUMANS. Greene HL, Taunton OD, Stifel FB, Herman RH *J Clin Invest* 53:44-51, Jan 74 (Eng)

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[THE LIPID REDUCING ACTION OF PHENFORMIN IN PRIMARY TYPE IV HYPERLIPOPROTEINEMIA (AUTHORS TRANSL.)] Lang PD, Vollmar J, Klemens UH, Lowis P von, Gries FA, Koschinsky T, Huth K, Pilz E, Schlierf G, Kremer GJ, Lenhart P, Schwandt P, Hammerl H, Studlar M *Dtsch Med Wochenschr* 98:2280-6, 30 Nov 73 (Ger)

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[BLOOD VISCOSITY AND DIABETES MELLITUS] Grigoleit HG, Lehrach F *Med Monatsschr* 27:353-6, Aug 73 (Ger)

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TREATMENT OF NEUROPATHIC CONDITIONS OF THE FOOT AND ANKLE WITH A PATELLAR-TENDON-BEARING BRACE.

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AGED; ANKLE; ARTHROPATHY, NEUROGENIC (rehabilitation); BRACES; DIABETIC NEUROPATHIES (rehabilitation); FOOT DISEASES (rehabilitation); MIDDLE AGE; OSTEO-MYELITIS (rehabilitation); PATELLA; PERIPHERAL NERVE DISEASES (rehabilitation); TENDONS; ULCER (rehabilitation).

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APETITE REGULATION (drug effects); BLOOD SUGAR; BODY WEIGHT; COLD; DRINKING; EATING (drug effects); GLOBUS PALLIDUS (physiology); GLUCOSE (pharmacodynamics); HYPOTHALAMUS (physiology); INSULIN (pharmacodynamics); NEURAL INTERCONNECTIONS; POLYETHYLENE GLYCOLS (pharmacodynamics); RATS; SODIUM CHLORIDE (pharmacodynamics); STEREOAXIAL TECHNIQUES; TASTE; WATER-ELECTROLYTE BALANCE (drug effects).

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DIABETES MELLITUS (complications, veterinary); DOG DISEASES; DOGS; PANCREATITIS (veterinary); XANTHOMATOSIS (etiology, veterinary).

Guzzian DM

[EFFECT OF NEUROHYPOPHYSEAL HORMONES AND INSULIN ON MOTOR ACTIVITY IN THE STOMACH OF THE SCORPION FISH SCORPAENA PORCUS] Guzzian DM, Kuzina MM, Tanasichuk OF *Zh Evol Biokhim Fiziol* 9:301-3, May-Jun 73 (Rus)

FISHES (physiology); GASTROINTESTINAL MOTILITY (drug effects); INSULIN (pharmacodynamics); OXYTOCIN (pharmacodynam-

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PROTEIN SYNTHESIS IN PANCREATIC BETA CELLS OF THE NORMAL AND DIABETIC EGYPTIAN SAND RAT (PSAMMOMYS OBESUS). AN AUTORADIOGRAPHIC STUDY WITH THE ELECTRON MICROSCOPE. Molleson AL, Moses MJ, Hackel DB *Am J Pathol* 73:495-512, Nov 73 (Eng)

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ADULT; AGED; BLOOD; DEHYDRATION (etiology); DIABETIC COMA (drug therapy, complications); HYPERGLYCEMIA (complications); HYPOTONIC SOLUTIONS; INSULIN (therapeutic use); OSMOLAR CONCENTRATION; SODIUM CHLORIDE (therapeutic use); WATER-ELECTROLYTE BALANCE.

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DARKNESS; HYPOGLYCEMIA (diagnosis, etiology, therapy); PANCREATIC NEOPLASMS (complications); SEX FACTORS.

Hanson H

THE IDENTITY OF THE INSULIN DEGRADING THIOL-PROTEIN DISULFIDE OXIDOREDUCTASE (GLUTATHIONE-INSULIN TRANSNHYDROGENASE) WITH THE SULFHYDRYL-DISULFIDE INTERCHANGE ENZYME. Ansorge S, Bohley P, Kirschke H, Langner J, Marquardt I, Wiederanders B, Hanson H *Fchs Lett* 37:238-40, 1 Dec 73 (Eng)

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MATOTROPIN (blood); STIMULATION, CHEMICAL; THYROTROPIN (blood); THYROTROPIN-RELEASING HORMONE (diagnostic use); TIME FACTORS.

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Hasitschka P

[OBSERVATIONS ON THE INCIDENCE OF DIETETIC MICROANGIOPATHIES (MULBERRY HEART) IN SWINE IN NORTHEASTERN LOWER AUSTRIA] Hasitschka P, Hasitschka P *Milit Med* 138:215-7, Sep 73 (Ger)

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ANIMAL NUTRITION; FATTY ACIDS, UNSATURATED (adverse effects); HEART DISEASES (occurrence, veterinary); SWINE DISEASES (occurrence); VITAMIN E DEFICIENCY (occurrence, veterinary).

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INTERACTIONS OF REDUCED AND OXIDIZED TRIPHOSPHOPYRIDINE NUCLEOTIDES WITH THE ELECTRON-TRANSPORT SYSTEM OF BOVINE HEART MITOCHONDRIA. Hatefi Y, Hanstein WG *Biochemistry* 12:3515-22, 28 Aug 73 (Eng)

ADENOSINE TRIPHOSPHATE (metabolism); ANTIBIOTICS (pharmacodynamics); CATTLE; COENZYME A (pharmacodynamics); COMPUTERS, DIGITAL; ELECTRON SPIN RESONANCE; ELECTRON TRANSPORT; HYDROGEN-ION CONCENTRATION; MITOCHONDRIA, MUSCLE (drug effects, enzymology, metabolism); MYOCARDIUM (enzymology, metabolism); NAD (metabolism); NADH, NADPH OXIDOREDUCTASES (metabolism); NADP (metabolism); OXIDATION-REDUCTION; OXIDATIVE PHOSPHORYLATION (drug effects); OXYGEN CONSUMPTION; PENTACHLOROPHENOL (pharmacodynamics); SPECTROPHOTOMETRY; SPECTROPHOTOMETRY, ULTRAVIOLET; SUCCINATES (metabolism); UNCOUPLING AGENTS.

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SOME CLINICAL AND BIOCHEMICAL VARIABLES IN PATIENTS WITH CHRONIC BRAIN SYNDROME. Hattangadi SB, Grad B, Beckett ME, Csank JZ *J Am Geriatr Soc* 21:460-4, Oct 73 (Eng)

AGED; BLOOD SUGAR (analysis); BODY WEIGHT; CEREBRAL ARTERIOSCLEROSIS (blood, metabolism, diagnosis); CHOLESTEROL (blood); CHRONIC DISEASE; CREATININE (blood); DIAGNOSIS, DIFFERENTIAL; ELECTROCARDIOGRAPHY; ELECTROENCEPHALOGRAPHY; POTASSIUM (blood); PSYCHOSES, SENILE (blood, metabolism, diagnosis); SERUM ALBUMIN (analysis); SODIUM (blood); SYNDROME.

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INSULIN AND BLOOD FIBRINOLYTIC ACTIVITY. Hedlin AM *Thromb Diath Haemorrh* 29:293-9, 10 May 73 (Eng)

FASTING; FIBRINOLYSIS (drug effects); GLUCOSE TOLERANCE TEST; HYPERGLYCEMIA (blood); HYPOGLYCEMIA (blood); INSULIN (diagnostic use, pharmacodynamics); TIME FACTORS.

Hegre OD

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ADOLESCENCE; ADULT; DIABETES MELLITUS (complications); DIABETIC NEPHROPATHIES; MIDDLE AGE; PYELONEPHRITIS (etiology); URINARY TRACT INFECTIONS (complications).

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EFFECTS OF FACTORS PREDISPOSING TO ATHEROSCLEROSIS ON FORMATION OF CORONARY COLLATERAL VESSELS. Heinle RA, Levy RI, Gorlin R *Am J Cardiol* 33:12-6, Jan 74 (Eng)

ADULT; AGE FACTORS; AGED; ANGIOGRAPHY; ARTERIOSCLEROSIS (etiology); COLLATERAL CIRCULATION; CORONARY DISEASE (radiography, etiology); CORONARY VESSELS (radiography, physiology); DIABETES MELLITUS (complications); GLUCOSE (metabolism); GLUCOSE TOLERANCE TEST; HYPERLIPEMIA (complications); HYPERTENSION (complications); LACTATES (biosynthesis); LIPOPROTEINS (blood); MIDDLE AGE; MYOCARDIUM (metabolism); OBESITY (complications).

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[GLUCOSE AND INSULIN METABOLISM IN PATIENTS UNDERGOING REGULAR DIALYSIS TREATMENT (AUTHORS TRANSL)] Jon-tofsohn R, Tourkantonis A, Herb HM, Raptis S,

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BENZOATES (pharmacodynamics); CALCIUM (pharmacodynamics); CARBON RADIOISOTOPES; DISULFIDES (pharmacodynamics); GLUCOSE (metabolism); INSULIN (secretion); IODINE RADIOISOTOPES; ISLANDS OF LANGERHANS (metabolism, secretion); MICE; MICE, INBRED STRAINS; NICOTINIC ACID (pharmacodynamics); NITRO COMPOUNDS (pharmacodynamics); OXIDATION-REDUCTION; PERFUSION; SULFHYDRYL REAGENTS (pharmacodynamics); TIME FACTORS.

THE PANCREATIC BETA-CELL RECOGNITION OF INSULIN SECRETAGOGUES. 3. EFFECTS OF SUBSTITUTING SULPHUR FOR OXYGEN IN THE D-GLUCOSE MOLECULE. Hellman B, Lernmark A, Sehlin J, Taljedal IB, Whistler RL *Biochem Pharmacol* 22:29-35, 1 Jan 73 (Eng)

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STUDIES ON THE METABOLIC CLEARANCE RATE, APPARENT DISTRIBUTION SPACE AND PLASMA HALF-DISAPPEARANCE TIME OF UNLABELLED HUMAN GROWTH HORMONE IN NORMAL SUBJECTS AND IN PATIENTS WITH LIVER DISEASE, RENAL DISEASE, THYROID DISEASE AND DIABETES MELLITUS. Owens D, Srivastava MC, Tompkins CV, Nabarro JD, Sonsken PH *Eur J Clin Invest* 3:284-94, Jul 73 (Eng)

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ADULT; AGED; DIABETES MELLITUS (therapy, metabolism); DIABETIC DIET; ELECTROLYTES (blood); ERYTHROCYTES (analysis); MIDDLE AGE; PHOTOMETRY; WATER-ELECTROLYTE BALANCE.

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